



* **NON-REPAIRABLE VEHICLE** *
* **NOTICE OF RETENTION BY OWNER** *

VEHICLE IDENTIFICATION NUMBER		MOTORCYCLE ENGINE NUMBER		MAKE	CALIFORNIA LICENSE PLATE
Vehicle Owner(s) as of the Date of Loss	LAST NAME		FIRST	MIDDLE	
	<input type="checkbox"/> AND <input type="checkbox"/> OR	LAST NAME		FIRST	MIDDLE
	ADDRESS				
	CITY		STATE	ZIP CODE	
	Insurance Company Reporting Retention of this Non-Repairable Vehicle				
I, the undersigned, certify that the above described non-repairable vehicle has been retained by the owner(s) and, as required by <i>California Vehicle Code</i> §11515.2, he/she has been notified that, within 10 days of the settlement of loss date, he/she must surrender the vehicle's Certificate of Title and license plates, and apply for a Non-Repairable Vehicle Certificate. The vehicle owner(s) has also been notified that the Department of Motor Vehicles' database record for the vehicle will reflect a "Non-Repairable Vehicle" notation (brand).					
DATE		AUTHORIZED SIGNATURE FOR INSURANCE COMPANY		PRINTED NAME	
		X			
INSURANCE COMPANY NAME					
INSURANCE COMPANY ADDRESS					
DATE OF LOSS		CLAIM NUMBER		DAYTIME TELEPHONE NUMBER ()	

MAIL COMPLETED FORM TO: Department of Motor Vehicles, P.O. Box 932345, Sacramento, CA 94232-3450

REG 480 (REV. 11/2003) WWW



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